

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90028 040 ***150.00

DOCUMENT # P01000077037 1. Entity Name PAT'S PERSONAL LAWN CARE, INC.					
Principal Place of Business 5551 N. WINSTON PARK BLVD POMPAÑO BEACH, FL 33073			Mailing Address 5551 N. WINSTON PARK BLVD APARTMENT 402 POMPAÑO BEACH, FL 33073		
2. Principal Place of Business 8429 FOREST HILLS DRIVE Suite, Apt. #, etc. 304		3. Mailing Address 8429 FOREST HILLS DRIVE Suite, Apt. #, etc. 304			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL			
Zip 33065	Country USA	Zip 33065	Country USA	4. FEI Number 65-1133874	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MORRIS, PATRICK A 4311 CRYSTAL LAKE DRIVE APARTMENT 402 DEERFIELD BEACH, FL 33064			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 8429 FOREST HILLS DR #304 City CORAL SPRINGS FL Zip Code 33065		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Patrick Morris</i></u> 3-23-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, PATRICK A 4311 CRYSTAL LAKE DRIVE #402 DEERFIELD BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Patrick Morris</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-23-04</u> <small>Daytime Phone #</small>		